



**CITY OF FIRCREST RENTAL ASSISTANCE PROGRAM APPLICATION**

Application for rental assistance for individuals or families for living units within the City of Fircrest. This program is funded by and allowed under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

**PLEASE PROVIDE ANY DOCUMENTATION REQUESTED WITH THIS APPLICATION.** Complete items 1-5 and the applicable sections on the **back of the application.**

_____ APPLICANT	_____ DATE	_____ EMAIL ADDRESS
_____ ADDRESS		_____ PHONE NUMBER
_____ LANDLORD NAME		_____ LANDLORD PHONE NUMBER

**SECTION A: DECLARATION OF LOW/NO INCOME AND HOUSEHOLD DESCRIPTION**

Household's income for the **last three months: Please provide documentation** for questions 1, 2 & 3.

- The INCOME/BENEFITS from the following sources: Check all that apply  
 SOCIAL SECURITY INSURANCE     UNEMPLOYMENT COMPENSATION  
 SOCIAL SECURITY     EARNED  
 VETERANS' ASSISTANCE     OTHER
- INCOME:    \$\_\_\_\_\_    \$\_\_\_\_\_    \$\_\_\_\_\_  
                  (1<sup>st</sup> Month)    (2<sup>nd</sup> Month)    (3<sup>rd</sup> Month)
- HOUSEHOLD MEMBERS: Number living in home \_\_\_\_\_  
Check all that apply:  Disabled     60+
- HOUSING STATUS:  
Lived at residence: \_\_\_\_\_ Yrs \_\_\_\_\_ Months

**SECTION B: CRISIS**

- CIRCUMSTANCES: **Check all that apply and provide supporting documentation**  
 Death of immediate family member due to COVID-19  
 Loss of job or income due to COVID-19  
 Sudden illness or injury due to COVID-19  
 Substantial loss of funds due to COVID-19  
 Severely disabled or ill household member due to COVID-19  
 Other (Describe on back of form.)

**EXTENUATING CIRCUMSTANCES: Please use the back of this application to provide an explanation for any areas checked.**

**SECTION C: RENT/LEASE INFORMATION**

RENT AMOUNT – LAST THREE MONTHS: \_\_\_\_\_

From Page 1 #5. Please give a **complete account** of the circumstances: **Please provide supporting documentation.**

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By my signature below, I certify the following:

- I have provided and reviewed the information on this application. This information is accurate to the best of my knowledge. I also give my permission for the City of Fircrest’s Rental Assistance Program Representative to request/release necessary information that may result in my receiving benefits.
- I hereby authorize my landlord to release billing information to the City of Fircrest’s Rental Assistance Program Representative in order to process my application.
- I understand that I may or may not receive assistance under this program and if assistance is provided, the payment will be made directly to my landlord on my behalf.
  
- **I understand that my application is no guarantee of any assistance being awarded to me through this program.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Submit completed form to:

City of Fircrest  
Rental Assistance Program  
115 Ramsdell Street  
Fircrest, WA 98466

**SECTION D: RENTAL ASSISTANCE REVIEWER RECOMMENDATION:**

- APPROVED: \$ \_\_\_\_\_  
 DISAPPROVED

REVIEWED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

IF FUNDED:  
PAYMENT DATE: \_\_\_\_\_  
PAYMENT CHECK NUMBER: \_\_\_\_\_